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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Operation Toy Soldier, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Carla Turner-Hahn, Esq.

Name (Printed or typed)

5858 Central Ave, Suite A

Address

Saint Petersburg, FL 33707

City, State & Zip

727-490-1212

Daytime Telephone number

carlathahn@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Operation Toy Soldier, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
15381 Roosevelt Blvd.

Clearwater, FL 33760

Mailing address, if different is:
c/o Veterans Funeral Care

15381 Roosevelt Blvd.

Clearwater, FL 33760

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For lawful purposes not for pecuniary profit, specifically, but not exclusively,
for the charitable and benevolent purposes of funding and carrying out a nationwide mission of providing toys to the children of both
deployed and non-deployed soldiers and active military personnel, as well as soldiers who have recently returned home after active
service.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Provided in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frankie Stewart, Director

Address: 300 Simonton Road SW
Lawrenceville, Georgia 30045

Name and Title: Danielle Belusko, Director

Address: 3287 Washington Road
McMurray, Pennsylvania 15317

Name and Title: Jim Rudolph, Director

Address: 15381 Roosevelt Blvd.
Clearwater, FL 33760

Name and Title: Crystal Jordine, Director

Address: 15784 Pearl Road
Strongsville, Ohio 44136

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

16 AUG -5 AM 11:20

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Carla Turner- Hahn, Esq.

Address: 5858 Central Ave. Suite A
Saint Petersburg, FL 33707

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carla Turner-Hahn, Esq.

Address: 5858 Central Ave. Suite A.
Saint Petersburg, FL 33707

ARTICLE VIII EFFECTIVE DATE: 08/05/2016

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:


Required Signature of Registered Agent

8-5-16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

8-5-16
Date